

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 2770	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT		c. LENGTH OF STAY (In this place) 24 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT		1952	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S 420 Clayton				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) SHIRLEY ANN		b. (Middle) MCNEW		c. (Last) MCNEW	
4. DATE OF DEATH		(Month) 11		(Day) 16		(Year) 50	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MINOR		8. DATE OF BIRTH Aug. 5, 1947	
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0 Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME GEORGE		13b. MOTHER'S MAIDEN NAME Unknown Palmer		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME [Signature]		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TOXICOSIS				INTERVAL BETWEEN ONSET AND DEATH 1	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 20-30 Burns				3 days	
		DUE TO (c) Pulmonary + Laryngeal EDEMA				30 min	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E 9/1/50	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) BURNED		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KENNETT MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-13-50 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gas on stove at home			
22. I hereby certify that I attended the deceased from 11-13, 1950, to 11-16, 1950, that I last saw the deceased alive on 11-16, 1950, and that death occurred at 4:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Paul H. George M.D. (Degree or title)				23b. ADDRESS 6420 Clayton		23c. DATE SIGNED 11/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-17-50		24c. NAME OF CEMETERY OR CREMATORY Kennett, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 11-17-50		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2653

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.